



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 064

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Solis MMC Children Services Ltd
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	28th & 29th of September 2021
Registration Status:	Registered from the 20th of June 2020 to the 20th of June 2023
Inspection Team:	Eileen Woods Catherine Hanly
Date Report Issued:	21st December 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.2 Theme 2: Effective Care and Support: Standard 2.2	
3.5 Theme 5: Leadership, Governance and Management: Standard 5.2	
3.6 Theme 6: Responsive Workforce: Standard 6.1	
4. Corrective and Preventative Actions	18

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality Assurance Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 20th of June 2011. At the time of this inspection the centre was in its fourth registration and was in year two of the cycle. The centre was registered without attached conditions from the 20th of June 2020 to the 20th of June 2023.

The centre was registered to provide medium to long term care for up to four young people aged between thirteen to eighteen years old. At the time of the inspection the centre had three children residing there and all were under the age of thirteen, with one young person turning thirteen during the inspection process. All three had been placed through a derogation process completed with the Tusla Alternative Care Inspection and Monitoring Service to allow for admissions for children under the age of thirteen who are outside a centre's registered purpose and function. The model of care was based around the work of Psychologist Erik K Laursen's seven habits for reclaiming relationships, building positive relationships and the provision of a safe and secure living environment that is responsive to young people's needs.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 3rd of November 2021 and to the relevant social work departments on the 3rd of November 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 28th of November after a delay of a week due to technical issues. The initial CAPA was not deemed to be satisfactory and the inspection service requested a more detailed response and evidence of the issues addressed in a second CAPA and this was received on the 8th of December.

The findings of this report and assessment of the submitted CAPA's deem the centre to be in regulatory compliance and continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 064 without attached conditions from the 20th of June 2020 to the 20th June 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Each of the three young people living at the centre had care plans on file, the care plans were detailed, up to date and in compliance with the *National Policy on the Placement of Children aged 12 and under in residential care*. Monthly child in care reviews had been held and care plans updated on each occasion. There had been a period of impact on the centre gaining some copies of these during the Tusla cyber attack but the centre and social workers had worked to ensure that copies outstanding were being provided for the files. The list of attendees highlighted that families, significant others and from time to time the young people themselves attended the monthly statutory reviews. There was information on file from each young person and from their key workers in preparation for their reviews. The staff team and the social workers consulted with the young people formally and informally before meetings.

The centre created placement plans for each young person, these were based on the actions agreed in the care plans. The placement plans assigned the tasks and expanded on the areas of individualised needs appropriately. Inspectors recommended a clearer recorded focus be maintained, from the care plans through to the placement plans, on the overarching goal of foster care or leaving residential care, where applicable, given the age of the young people.

The placement plans ran over six month cycles with monthly reviews and inspectors found that the format would benefit from restructuring to remove areas not relevant to the age group and that shorter cycles would be beneficial for the document size and to reflect the work done. The content of the placement plans in the relevant areas of the plans was good and age and stage appropriate, every session of key working or item completed, for example a key appointment, was entered onto the plans. Some sections of the plans were more detailed than others and inspectors found that sections on clinical and medical input should be better detailed to allow for ongoing highlighting of progress or to assist in identifying any impediments to progress during review, for example specific dietary requirements. Interviews with social

workers identified that key interventions recommended by external clinical and medical professionals had been implemented and discussed during monthly statutory reviews with progress noted for the young persons involved.

The centre had created a document to explain to young people what placement planning was and had feedback forms in place to create other avenues for young people feedback, there were also quarterly feedback forms for social workers. The feedback viewed by inspectors was positive in nature.

There were two key workers assigned to the young people along with a social care leader/shift team manager to case manage the work. Young people were assigned the initial key worker and could choose a second themselves. The young people had busy lives and were going to school, family access, appointments of all types and had play and special events looked after. Key workers had created planners to help organise the young peoples' lives and key work. Inspectors found that there was time for play and activities suitable to the age of the young people and that the team strove to give them a quality of daily life similar to their peers in the community. Two social workers noted that they observed the manager and the staff to promote the young person's involvement in participating in meetings and discussions and that the centre was homely with staff aiming to minimise the use of jargon around the young people.

The young people were under the care of a range of clinical, medical and therapeutic professionals in line with their needs. There was timely renewal of assessments and there was evidence of specialist equipment bought for occupational and physiotherapy recommendations.

There were records of and evidence at the centre of visits and contact with the social workers and with family members. There were clear arrangements for family access and communication. The social workers inspectors spoke with were happy with the care provided and attention displayed to planning and quality of life for their young person. The young people told inspectors that overall they were getting on well and liked the centre and the people caring for them.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

None

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre manager took up their post at the end of 2019. They worked with a deputy manager at the centre and both undertook the roles of person in charge and deputy person in charge respectively. This was recorded on the centre policies and purpose and function which addressed the acting up arrangements between the deputy and the manager. There were roles and responsibilities outlined within the centre internal senior meetings which were held monthly, these meetings involved the manager, deputy manager and the three social care leaders. There have been recent job title changes within the organisation from a shift team manager role to a social care leader role, contracts and job descriptions were updated to reflect the title changes. The manager and deputy tracked the assigned duties through a delegated duties book.

There was evidence of the centre manager overseeing standards in the centre's work through review of records, attendance at meetings and through commenting on the work undertaken and giving direction. The social workers described leadership shown by the centre management around admissions and any serious incidents in particular. They further stated that the centre manager was available, and all staff

were easy to contact should the need arise. The young people told inspectors that they knew they could go to the manager especially if they had a complaint or a request.

There was a line management structure in place and an organisational map outlined the structures. Inspectors were provided with records that showed the organisation had held only one operational meeting during 2021 and this must be corrected to ensure that evidenced and regular governance and oversight arrangements remain active at all levels. There had been four recorded regional managers meetings held with the most recent being in July 2021. The role of the service manager as the line manager for the centre was evidenced but this needed to be strengthened through a review of current reporting and oversight mechanisms to ensure that the external management evidence their actions. For example whilst the line management had audited the centre to note improvements needed in appearance, the lack of operational or recent regional meetings did not account for what actions external management could have undertaken to assist the centre in moving actions to address this forward. The centre manager showed inspectors the ongoing decorative improvements planned for the centre but post pandemic labour shortages and therefore escalating costs were a delaying factor. Inspectors recommended that the service manager and registered provider provide any additional supports necessary to realise this work in a timely manner in support of the centre. Also there was an admission onto the centre that fell outside the centres purpose and function as it was a short term placement and this was also not captured regarding the rationale and the safeguarding actions taken in any external to internal management communications that inspectors reviewed.

The organisation had a quality assurance and auditing officer and they had completed external audits inclusive of visits to the centre and interviews with staff as part of their role. These reports evidenced oversight and driving of practice improvements, with actions plans, timeframes and accountability within the structure. The quality assurance manager also developed policies and procedures for the organisation.

The policy and procedure documents had been reviewed in March 2021 and the copy forwarded to inspectors had some areas of detail that still required updating related to references such as older versions of national standards, but the body of the policies were up to date. The staff that inspectors interviewed stated that they had read, and reviewed key policies, and displayed good knowledge of the policies in the areas of focus in this inspection.

The centre had successfully completed a tendering process with Tusla in 2021 for the next four years to provide residential care services for children. This will include a six monthly meeting process between the parties.

The centre had a risk management framework supported by policy which was clearly written naming the principles of shared responsibility and consultation on managing risks. The policy also addressed that monitoring and reduction of risks were goals that would be approached through the general risk management model of identify, assess, address and review. The centre manager maintained a risk register and a risk management governance folder. The register combined corporate and centre risks and of the eight items six were held by the manager for action, for example pandemic measures at the centre. This risk register was subject to quarterly review. Inspectors reviewed where the risk framework was discussed and found that was evident in external audits but not evident in operations meeting, regional managers meetings, house management meetings, the managers monthly compliance nor the six monthly update reports. Team meetings and case management meetings did review the PSP's and significant events.

Inspectors recommend that the policy be updated to clearly address how the organisational line management structure will implement and thereafter oversee the risk management framework, as well as how they might evaluate its implementation, for example through operational or policy group meetings. The policy included an escalation process, the escalation process referenced the triggering of a safety plan. The staff team knew the policy as it related to their work, some training had been completed with them and more was identified in order to support ongoing development.

The three young people living at the centre had collective impact risk assessments on file which did outline the policies and practices in place to address areas of shared medium to high risks. Inspectors found that the colour coded document gave a good visual map. The young people also had combined placement support documents, PSP's that held absence management plans, behaviour management plans, crisis management plans and sections on routine and situational management. The behaviour management plans presented as somewhat limited to fit the format in use and inspectors recommended that the centre review the overall placement support template for best use. Each of the three files had the relevant plans on file and most had been signed off by the manager. The visual impact risk assessments format does not identify who completed, oversaw them and what dates they were completed on

and these should be added to the format. All ongoing behaviour and risk management plans on the young people's files had been regularly reviewed by the whole team.

The organisation had a near miss event in 2021 and the review of this had not been recorded in the minutes of the external management meetings provided for inspectors. The centre and the organisation had responded to and addressed the incident, this was confirmed by inspectors at the time of the event, but the learning and development from that was not evidenced on the governance records seen during this inspection visit. To continue to embed good risk management habits and compliance within the centre it is important that it is reflected in the services operational and governance processes.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and service manager must ensure that the necessary governance and meeting structures are regularised and reflective of the governance requirements and development needs of the centre inclusive of the risk management framework.
- The service manager must ensure that reporting mechanisms between centre management to external management evidenced their oversight, support, directions and planning more prominently.
- The centre management and external management must ensure that learning and outcomes from relevant risk incidents are shared with the team to support practice development.

- The centre management must review the format for the combined placement support plans to ensure that it best suits the needs of the young people.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The inspectors found that the manager and their deputy undertook workforce planning through the rosters and with the service manager and the recruitment team of the organisation. Inspectors found that workforce planning regarding recruitment was on the centre risk register and the actions noted there to fill posts. The service manager informed inspectors that they had completed staff surveys in 2021 to determine staff views and feedback in order to further inform workforce retention as well as development. Inspectors found that more comprehensive records of workforce planning would be beneficial in order to reflect the full range of actions in place and to identify actions taken towards compliance with, for example, relevant regulation.

The staffing list submitted as part of the inspection documents contained a list of ten social care staff of whom four had a social care qualification, the social care manager and deputy manager were additional to this ten. The Tusla ACIMS memo 2020 on staffing identified that in order to be deemed compliant with the relevant regulation staff teams along with having enough staff must also have fifty percent of those staff social care qualified with the remainder qualified in related and relevant areas. The centre staffing cohort had not met the social care qualifications criteria at the time of this inspection. During the inspection process the manager updated the staffing list (separate to management) to name that two further social care qualified staff had been recruited which if completed successfully would bring the number of social care staff to twelve of whom six would be social care qualified.

The manager and their deputy managed the rosters, these identified that the goal was to deploy three staff on a daily basis for three resident young people in line with the commitments to high supervision and the travel needs of the young people. This was achieved more consistently earlier in 2021 when three young people were residing also. The manager and service manager named that they provided support when

absences through leave and sickness occurred. They further named that the recruitment recently completed would restore predictability in delivering on their commitments to having three staff on duty daily. One of the staff was a full time waking night team member covering two to three waking nights per week, this was company policy and not related to presenting behaviours of the young people. When the waking night staff was on duty only one of the day staff sleep over but otherwise there were two sleepover staff per twenty-four hours.

The staff team displayed an ability to respond to the complex and evolving needs of the young group. The team presented as taking the young peoples needs in their stride and responding in a measured way. The team also made sure the busy daily schedules were followed and the young people were listened to. The young people's social workers and the young people themselves were happy with the work of the team, one young person noted that it was hard though being in a care situation where multiple people come and go on duty but that they had key consistent people they talked to. The staff inspectors spoke with stated that they experienced good support and guidance from management and that there was accountability alongside opportunities to develop further. Two of the existing staff had been availing of the company education bursary to complete additional social care qualifications with dates of completion for May 2022. The staff when interviewed identified staff retention measures such as supervision, ad hoc support, professional development, breaks during their shifts and social gatherings when the pandemic allowed.

There was an on call policy and procedure in place that at the time of this inspection was operated by the managers of the regionally co-located centres. The service manager and the registered proprietor provided senior on call to the managers. There may be inclusion of the deputy managers in future when all such posts are filled in the centres. The manager outlined that their responses during on call were recorded in their governance records and the policy committed to service manager review and support of on call as a mechanism.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and service manager must ensure that workforce planning is robustly recorded on external management meetings and that action is taken to ensure that the staffing qualifications comply with the relevant regulatory requirements without delay.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	None		
5	<p>The registered provider and service manager must ensure that the necessary governance and meeting structures are regularised and reflective of the governance requirements and development needs of the centre inclusive of the risk management framework.</p> <p>The service manager must ensure that reporting mechanisms between centre management to external management evidenced their oversight, support, directions and planning more prominently.</p>	<p>At a Company Corporate level Operational Management Meetings were held on a monthly basis up until the onset of Covid and the National Restrictions. Such meetings will recommence in January 2022 subject to National Guidance. Corporate Risk Management inclusive of HR issues were a standing Agenda Item and this practice will continue.</p> <p>The Service Manager reports on a Weekly Basis to the Director and the Director also receives Daily Updates from the Centre which allows for resource allocation in the event that the Centre is in need of additional support or resources. Effective from December 2021 response to Daily Updates will be recorded to evidence Corporate and Service Managers' oversight</p>	<p>Operational Management Meetings are an integral part of MMC Governance as evidenced by previous years' minutes. Their return is viewed as critical but again, National Covid Guidance will be a determining factor as to their regularity. Management diaries will be synced and yearly schedules will be put in place for the 2022.</p> <p>The Service Manager will respond in writing to issues arising and these will be kept on file as evidence of appropriate support and oversight of operational issues arising within the centre. An Agenda Item 'Responsive Support' will record evidence of oversight and support as provided to the centre.</p>

	<p>The centre management and external management must ensure that learning and outcomes from relevant risk incidents are shared with the team to support practice development.</p>	<p>actions in relation to resolution of issues arising. A section within the centre governance will be added where all emails and phone calls between centre management and external management will be recorded.</p> <p>Significant events and incidents of risk will become a set agenda within the management meetings so as to ensure better learning outcome. These learnings will then become a part of the team meetings, there by ensure that all learning outcomes will be shared with the centre team. Effective immediately the Team Meeting Agenda will have a Practice Learning Item so as staff can learn from incidents.</p> <p>The Company did learn and adapt practice from an incident in the centre including all company centres installing, where appropriate, window fixings. In relation to the latter the Director liaised with our Engineer and sought Tusla Inspectorate guidance on Health & Safety matters.</p>	<p>All SEN's will be examined at Monthly Team Meetings and the TCI Trainer will debrief staff on an individual basis as well as the Team. The Director will ensure that learning is incorporated in all MMC Centres. SEN reviews and incidents off risk will become a set agenda within both management meetings and centre team meetings. The learning from any further incidents that have potential impact on the Company will be enacted across all centres.</p>
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	<p>The centre management must review the format for the combined placement support plans to ensure that it best suits the needs of the young people.</p>	<p>Moving forward risk management and governance framework of centres will become a set item of the agenda with the management meetings taking place on a quarterly basis to ensure better compliance.</p> <p>A review is to take place of the Placement Support Plans format with particular attention being paid to the behaviour management section in January 2022, between the Quality Audit Team, Service Manager and centre management.</p>	<p>Yearly Quality audit meeting to place with centre management to take place.</p>
6	<p>The registered provider and service manager must ensure that workforce planning is robustly recorded on external management meetings and that action is taken to ensure that the staffing qualifications comply with the relevant regulatory requirements without delay.</p>	<p>Workforce Planning has been, and is, a critical action area for MMC Children's Services and was a standing Agenda Item at Operational Support Meetings. Actions were / will be recorded.</p> <p>Recruitment is a current challenge on a national basis and on a local basis is particularly challenging. MMC Children's Services are acutely aware of the qualification issue in terms of recruitment and are discussing this matter with the NPPT and Tusla. Notwithstanding the</p>	<p>The MMC HR department are advertising on the basis of the qualifications required and a robust action plan has been enacted is in place to recruit staff.</p> <p>MMC have also approached recruitment agencies with the same specification for their assistance in recruitment. Regrettably this has yielded very few results.</p> <p>From a staff retention / recruitment perspective we have emphasised the current package including</p> <ul style="list-style-type: none"> • Pension

		<p>latter every effort is being made to comply with the qualification criteria but we do recognise that an imbalance can occur when a Social Care Qualified staff member resigns.</p> <p>Workforce planning is to become a set agenda item within management meetings moving forward with it recorded, and a copy held on file within the centre governance folder.</p>	<ul style="list-style-type: none"> • Holiday Leave • Maternity Leave • Working Environment <p>MMC will continue to ensure 50/50 qualification criteria.</p> <p>No staff will be hired that do not meet the regulatory requirements, any staff that are currently a part of the centre team that do not meet the qualification requirements are to be encouraged to acquire the necessary qualifications.</p>
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